

Katie Hobbs
Governor



Mark W. Killian
Director

ARIZONA DEPARTMENT OF AGRICULTURE PEST MANAGEMENT DIVISION

Physical: 1010 West Washington Street, Phoenix, Arizona 85007
Mailing: 1802 West Jackson Street, No. 78, Phoenix, Arizona 85007
(602) 542-3578 FAX (602) 542-0466
<https://agriculture.az.gov/> <https://opm.azda.gov>

Qualifying Party Registration for a School District Requirements

Complete Application –

About the QA: including the Qualified Applicators Full Name, Arizona OPM Qualified Applicator Certification #, Certification Category(s) which are being applied to register, Signature and Date.

School District Information: including the School District Name, Telephone Number, Fax number, Physical Address, Mailing Address, Email Address (if Applicable), Chemical Storage Address, and Signature of Authorized Individual & Date.

The Process – Once the application is both administratively and substantively complete, the application will be approved and processed immediately.

The Qualifying Party will be registered and the School District will be issue with a fictitious business license number (for applicator registration purposes). The QP and School District will be provided with a “My OPM” for Business Log-in and Password, which is used to manage the School District’s OPM profile and register applicators.

The applicant must complete/provide all of the following in order to be considered complete:

- Complete Qualifying Party Registration for a School District Application

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Qualifying Party Registration for a School District Application

Fee Schedule: New Qualifying Party Registration - \$0.00 Broaden Qualifying Party Registration - \$0.00

Qualifying Party:

Full Legal Name: _____ Qualified Applicator Certification#: _____
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

For Qualifying Party Registration -- Please designate appropriate categories:

<input type="checkbox"/> Industrial & Institutional (1)	<input type="checkbox"/> Ornamental & Turf (3)	<input type="checkbox"/> Fumigation (6)
<input type="checkbox"/> Wood-Destroying Organism Inspection & Treatment (2A)	<input type="checkbox"/> Right-of-Way (4)	<input type="checkbox"/> Wood Preservation (7)
<input type="checkbox"/> Wood-Destroying Insect Inspection (2B)	<input type="checkbox"/> Aquatic (5)	

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

Qualified Applicator Signature: _____ Date: _____

School District Information:

School District: _____

Telephone: _____ Fax: _____ Email Address: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Chemical Storage Address: _____ City: _____ State: _____ ZIP: _____

Qualifying Party Registrations expire on May 31st of each year except that a registration issued this calendar year shall expire May 31st of the following year.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

School Authority: _____ Title: _____
(*Persons authorized to act on behalf of the School District (i.e. Superintendent))

Authority Signature**: _____ Date: _____
(**Authorized Signature – persons authorized to act on behalf of the School District (i.e. Superintendent))

ADA STAFF USE ONLY

Name:	Date Received:	POS #
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